

2008

"Make mine a combo": explaining why a combination model of inpatient and ambulatory care services in rehabilitation works better than inpatient and ambulatory care services alone

Frances Simmonds

University of Wollongong, frances@uow.edu.au

Nick Marosszeky

Macquarie University, marossz@uow.edu.au

Tara Stevermuer

University of Wollongong, hurst@uow.edu.au

Follow this and additional works at: <https://ro.uow.edu.au/ahsri>

Recommended Citation

Simmonds, Frances; Marosszeky, Nick; and Stevermuer, Tara, "Make mine a combo": explaining why a combination model of inpatient and ambulatory care services in rehabilitation works better than inpatient and ambulatory care services alone" (2008). *Australian Health Services Research Institute*. 351.
<https://ro.uow.edu.au/ahsri/351>

"Make mine a combo": explaining why a combination model of inpatient and ambulatory care services in rehabilitation works better than inpatient and ambulatory care services alone

Abstract

Objective

This paper seeks to explain an interesting AROC finding from a recent study examining different DVA patient care models.

Design Pre and Post Treatment design.

Method

Statistical analysis of group data using an expanded AROC/FIM data collection and outcomes reporting system to include ambulatory care patients.

Results

In a recent study examining models of care for DVA patients in six private hospitals, it was found that those patients in combination care (both inpatient and ambulatory care) appeared to have better outcomes on the FIM, Lawton's and patient goals than those with inpatient care or ambulatory care alone. Further statistical analysis will examine this interesting finding in relation to specific impairment groups, as well as to tease out the effects of age, discharge destination and other issues on clinical decision making. A key question being: Does the decision to stop rehabilitation for inpatients depend on clinical characteristics or other factors? What factors influence the decision to extend the rehabilitation episode into the ambulatory setting?

Conclusion

This exploratory paper attempts to explain this interesting finding about the combination model of inpatient and ambulatory care services, and maps out a future line of research for AROC.

Keywords

combo, explaining, model, inpatient, mine, make, care, services, works, better, than, alone, why, combination, ambulatory, rehabilitation

Publication Details

F. Simmonds, N. Marosszeky & T. Stevermuer ""Make mine a combo": explaining why a combination model of inpatient and ambulatory care services in rehabilitation works better than inpatient and ambulatory care services alone", Australasian Faculty of Rehabilitation Medicine Annual Scientific Congress: People at Work, Managing Complexity, Adelaide, 7-9 May, (2008)

2.30pm - 2.45pm | Ballroom B
Chairs | Fary Khan, Juliani Rianto

2.5 PROPOSED SERVICE DELIVERY MODEL FOR DRIVING REHABILITATION OF PEOPLE WITH MEDICAL CONDITIONS IN SOUTH AUSTRALIA

PRESENTER | *CHERIE ARCHER*

AUTHORS

CHERIE ARCHER, STACEY GEORGE
FLINDERS UNIVERSITY DEPARTMENT OF
REHABILITATION AND AGED CARE, ADELAIDE, SA
MAREETA DOLLING, ANGELA BERNDT
UNIVERSITY OF SOUTH AUSTRALIA, SA
ANDREA AITCHISON
BRAIN INJURY REHABILITATION SERVICES,
ROYAL ADELAIDE HOSPITAL, SA

The objective of this paper is to describe the current deficits in existing services related to driving assessment and rehabilitation for people with medical conditions that exist in South Australia.

An improved model of driving rehabilitation is described which has been developed through the combination of two models being proposed: one in Australia [Fildes et al., 2000] and the second in the United Kingdom [Brooks and Hawley 2005]. Key elements of the model include the development of publicly funded Mobility Centres in rehabilitation facilities where access to specialist services are available and the provision of case officers to coordinate the management of driving and transport concerns for individuals. The proposed model encompasses driving assessment, rehabilitation and support if return to driving is not a realistic goal.

2.45pm - 3.00pm | Ballroom B
Chairs | Fary Khan, Juliani Rianto

2.6 "MAKE MINE A COMBO": EXPLAINING WHY A COMBINATION MODEL OF INPATIENT AND AMBULATORY CARE SERVICES IN REHABILITATION WORKS BETTER THAN INPATIENT AND AMBULATORY CARE SERVICES ALONE

PRESENTER | *FRANCES SIMMONDS*

AUTHORS

FRANCES SIMMONDS, NICHOLAS MAROSSZEKY,
TARA STEVERMUER
AUSTRALASIAN REHABILITATION OUTCOMES CENTRE
WOLLONGONG, NSW

Objective

This paper seeks to explain an interesting AROC finding from a recent study examining different DVA patient care models.

Design Pre and Post Treatment design.

Method

Statistical analysis of group data using an expanded AROC/FIM data collection and outcomes reporting system to include ambulatory care patients.

Results

In a recent study examining models of care for DVA patients in six private hospitals, it was found that those patients in combination care (both inpatient and ambulatory care) appeared to have better outcomes on the FIM, Lawton's and patient goals than those with inpatient care or ambulatory care alone. Further statistical analysis will examine this interesting finding in relation to specific impairment groups, as well as to tease out the effects of age, discharge destination and other issues on clinical decision making. A key question being: Does the decision to stop rehabilitation for inpatients depend on clinical characteristics or other factors? What factors influence the decision to extend the rehabilitation episode into the ambulatory setting?

Conclusion

This exploratory paper attempts to explain this interesting finding about the combination model of inpatient and ambulatory care services, and maps out a future line of research for AROC.